

ASSessment of
AAdult
Attention Deficit Hyperactivity Disorder
[AAA]

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Introduction

Inception, Contents, and Organization

The *Assessment of Adult Attention Deficit Hyperactivity Disorder* (AAA) was specifically designed for use in a prospective longitudinal study of individuals who had Attention Deficit Hyperactivity Disorder (ADHD) in childhood, and who were in their 30s and 40s at middle adult follow-up. The parent study [“Prospective Longitudinal Study of Hyperactive Children,” National Institute of Mental Health grant MH-18579, Principal Investigator: R.G. Klein] began in the 1970s, and data collection for the middle adult follow-up [“Childhood Stimulant Exposure Impact on Later Drug Abuse,” National Institute on Drug Abuse grant DA-16979, Principal Investigator: F.X. Castellanos] will continue through July 2009. The initial childhood cohort consisted of 226 participants (207 boys, 19 girls) who were seen at a psychiatric research clinic between ages 6 and 12 years (mean, 8 years). Follow-up assessments were conducted in late adolescence (mean age, 18) (Gittelman et al., 1985; Mannuzza et al., 1991), young adulthood (mean age, 25) (Mannuzza et al., 1993b, 1997, 1998), and presently (mean age, 41). A non-ADHD comparison group (178 males) was recruited during adolescent follow-up. For all time points, evaluations were systematically conducted (administration of semi-structured psychiatric schedules) by trained clinicians who were blind to subject group membership (ADHD probands, non-ADHD comparisons).

The AAA consists of three sections (one for each of the three core symptoms of ADHD- Inattention, Impulsivity, and Hyperactivity), each of which includes the following four subsections:

1. Symptoms- This subsection includes the items (behavioral manifestations) listed under Criterion A of DSM-IV ADHD, i.e., 9 Inattention items, 3 Impulsivity items, and 6 Hyperactivity items. In addition, 4 experimental items are included- 1 for Inattention (“Procrastinates”) and 3 for Impulsivity (“Acts without thinking,” “Makes regrettable decisions,” and “Is impatient”). All items are rated on a 4-point frequency scale ranging from 0-Never or Rarely to 3-Very Often. [Note: DSM-IV requires that all behaviors are exhibited at least “Often,” which would require a 2 (Often) or 3 (Very Often) rating on this scale.] In addition, the frequency of each item is rated with respect to two time periods, “Past 6 Months” and “Since Last Interview, Prior To Past 6 Months”. [AN ASIDE: Since our subjects were interviewed, on average, at age 25 during young adult follow-up (their “last interview”), and are now age 41, on average, the Interval for our middle adult follow-up is 16 years.]

2. Impairment/Distress- The Impairment/Distress item, which is identical for Inattention (page 8), Impulsivity (page 15), and Hyperactivity (page 22), is roughly equivalent to Criterion D of DSM-IV ADHD, where a rating of 3, 4, or 5 signifies clinical significance. As with the behavior ratings (above), two time periods are considered, “Past 6 Months” and “Since Last Interview, Prior To Past 6 Months”.

3. Situationality- This item (once again, identical for Inattention, Impulsivity, and Hyperactivity sections) is included to assess Criterion C of DSM-IV ADHD, the cross-situationality requirement. Settings are grouped into Home, Work, and “Other” (i.e., outside of home and work, e.g., when attending academic activities, or when socializing with friends), and all combinations of these settings are represented in the rating (Work, only; Home + Other; etc.).

4. Onset and Course- Questions on onset partly (as discussed below) address Criterion B of DSM-IV ADHD, which requires that symptoms were present before age 7. The Course item assesses whether symptoms persisted since onset, clustered in discrete episodes, or were variable.

Note that Criterion E, the DSM-IV exclusion criterion for ADHD (that symptoms are not co-temporal with certain disorders, and are not better accounted for by others), is not explicitly covered in the AAA. That is because the AAA was not designed as a stand-alone schedule, but rather was intended to be used as a supplement to other assessments. In our middle adult follow-up (as in both of our previous follow-ups), we conduct a comprehensive evaluation of mental status in addition to an assessment of symptoms of ADHD. Therefore, if symptoms are clearly accounted for by other disorders (e.g., concentration difficulties limited to an episode of Major Depression), they would not be rated in the AAA. One reason we included the Course item is to safeguard against double-counting and incorrect scoring of symptoms. For example, if an individual reports that restlessness and inattention were experienced during discrete periods (Rating 2 on Course item), and that it was also determined that these periods corresponded to episodes of Generalized Anxiety Disorder, the symptoms would not be counted toward a diagnosis of ADHD.

A similar point concerns the ADHD onset criterion. Questions regarding onset were included in the AAA primarily to rule out false positive information, e.g., if a subject states that impulsive and hyperactive behaviors only have emerged during the last few years. Such information is a red flag, which begs the exploration of Adjustment Disorders, Mood Disorders, Anxiety Disorders, or even stressful life events leading to behaviors that do not warrant any diagnosis. As stated above, the AAA was not designed as a stand-alone instrument, and cannot be used by itself to generate a diagnosis of ADHD in adults. This diagnosis requires that ADHD was present in childhood. Although we have an overabundance of clinical information on our cases which extends back to childhood (parent, teacher, and clinician ratings, classroom observations, clinical data from interviews, etc.), the average investigator will not have such rich, contemporaneous material. Since the AAA does not include detailed questions concerning ADHD *in childhood*, then the instrument must be supplemented with some other measure that obtains these details. We did not include childhood sections in the AAA for two reasons: our existing childhood database presumably is more accurate than retrospective data obtained in adulthood, and; in many cases, the necessary inquiry to establish a childhood diagnosis would compromise our methodology, since our interviewers are blind to subject group membership.

Inter-Rater Reliability

The audiotapes of 75 interviews were quasi-randomly selected for inter-rater reliability assessment. These were comprehensive mental status interviews that additionally included the AAA. The project assistant was told to select interviews that represented a wide range of diagnoses (based on the clinical interviewer's formulations), e.g., Antisocial Personality Disorder, Alcohol Abuse, Cannabis Dependence, Major Depressive Disorder, Dysthymic Disorder, Specific Phobia, Social Phobia, and (Adult) ADHD. For many cases, several diagnoses (5 to 8) were made by the interviewer. The project assistant was also told to "mix in" some cases with no diagnoses. Subjects were participants in our middle adult follow-up (described above), mid-30s to mid-40s (mean age, 41), almost exclusively males (4 females, 71 males). SM listened to these interviews and formulated independent DSM-IV diagnoses. Reliability was assessed with the kappa statistic, which provides an estimate of chance-corrected agreement. A kappa of 0.00 represents chance agreement, 1.00 indicates perfect agreement, and kappas of .75 or greater suggest excellent agreement beyond chance (Shrout et al., 1987). Reliability was excellent (greater than .75) for all major disorders. For ADHD, kappas were as follows: Combined Type- .88; Hyperactive-Impulsive Type- 1.00; Inattentive Type- 1.00; ADHD Not Otherwise Specified- .94.

Administration

The AAA requires 15-45 minutes to administer (average, 20-25 minutes) depending on the age and symptomatology of the subject, and the duration of the Interval. The AAA assumes that its user is an experienced clinician who is familiar with psychiatric symptomatology and diagnostic nomenclature. Examples of suitable interviewers include clinical psychologists, psychiatrists, psychiatric social workers, and advanced-level (third or fourth year) clinical psychology doctoral students with adequate evaluative experience. Appropriate training and supervision are also essential for valid use. The AAA should not be used as a structured instrument. It was designed as a semi-structured schedule, not a rigid, forced-choice tool. For example, when assessing impairment, the interviewer should not ask, "Would you say that these difficulties mildly, moderately, severely, or extremely affected your functioning?" Instead, the interviewer should ask for examples of the ways the symptom impacted on functioning, obtain information on frequency, situations, consequences, etc., and then make the rating. In other words, each rating in the AAA requires a *clinical judgment*. Stated differently, the AAA is to be used as a clinical measure, not a self-rating scale.

We urge investigators to require their clinical interviewers to write narrative summaries for each case, as we have done in all of our studies. Narratives "go beyond the schedule" and "tell the person's story". Although diagnoses communicate certain information about the subject's clinical profile (i.e., the diagnostic criteria that must be fulfilled), each participant's mental status is unique, and two individuals with the same diagnosis may have very different features. The following section provides an example of a person diagnosed as having ADHD, Combined Type. Notice that all three core symptoms (inattention, impulsivity, hyperactivity) are fully described, as is fulfillment of the impairment criterion. Also note the use of quotes, which adds richness and substance to the excerpt. Importantly, specific examples of behaviors are provided throughout, and cross-situationality is clearly covered. Furthermore, the person's behavior during the interview is noted. The interested reader should see Mannuzza et al. (1993a) for a discussion of the significance and composition of the clinical narrative summary.

Narrative Excerpt of an Individual with ADHD, Combined Type

The subject has exhibited inattention, impulsivity, and hyperactivity since childhood. During the Interval, he has made careless mistakes "all the time" on the job. For example, when working at the shoe factory, he has often placed shoes in the wrong boxes so that blacks were mixed with browns, and wing-tipped were placed with casuals- "I just can't keep my mind on what I'm doing. I never could." He has also had difficulty concentrating on things at home. For example, when reading an article in the newspaper, he "gets confused" and sometimes has to go through the same column three or four times. "It's very frustrating and bothers me a lot." His current wife calls him a "space cadet" because he never listens to what she says. Several friends have complained about this, as well, e.g., when he shows up to a party 2 hours early because he wasn't paying attention when they indicated the time it would start. He has always been disorganized. His apartment is a mess, with bills thrown in clothing drawers, and music CDs scattered throughout the kitchen, living room, and bathroom- "It takes forever to find anything." He can never keep things straight (e.g., appointments), and has missed three job interviews as a result. He has always been highly distractible, e.g., "loud clocks drive me nuts!" At one point during the interview, he complained about a ticking sound emanating from the tape recorder, which was barely audible to the interviewer. At another point, the sounds of a passing car caught his attention, and he forgot what he was saying. The subject also reported that he is "notorious" for losing things. He provided several examples of things lost on different jobs, e.g., tools at a construction site, and customer logs when driving a taxi. He has also lost his wallet "many times," most recently, last week. He is characteristically forgetful. For example, he will drive to a supermarket and forget what he has to buy when he gets there. A few months ago, his car ran out of gas because he forgot to buy it- "and it wasn't the first time, not by a long shot". He has forgotten his keys (at work, at home, in stores, at bars, etc.) so many times that he now places them on a cord which is clipped to his pants.

The subject has always been very impatient, and has acted impulsively on several occasions. For example, during the last 10 years he has quit three jobs without having others lined up. Reasons included “not liking my boss,” “not being paid enough for all the crap I have to do,” and “just because I felt like it”. He “hates” waiting on line, and has left stores because of long lines, leaving merchandise on the floor in frustration. About 2 months ago, he had an argument with a bartender who was waiting on another customer and taking too long to bring him his drink. This has occurred a half dozen times in the last 4 or 5 years, and some bartenders have avoided him because of it. At work, he “can’t stand people who take forever to do things”. For example, in the shoe factory where he has worked for the past 8 months, some of his co-workers are slower than others when lacing the shoes- “it drives me nuts!” Three times, he has grabbed the shoes from the co-worker and laced them, himself. “The boss doesn’t like it, but I can’t take people moving in slow motion.”

According to the subject, he has always been described as “hyper” and “driven” because he has much more energy than the average person- “I’m always doing something. Everybody agrees that I am difficult to keep up with, and some people call me ‘draining.’” He describes himself as a very restless person who is moving all the time- “My mom and my ex-wives used to tell me that I can’t even stop moving when I’m sleeping”. During the interview, he constantly bounced his foot underneath the table. The “hyper-energy” (subject’s term) gets worse when sitting for periods of time. For example, when waiting for a hamburger at a diner, he often gets up from his seat and walks around “because I can’t sit down for too long”. During the 2.5-hour interview, he got up from his chair about a dozen times “to stretch”. “When I’m at a ball game, I can’t wait until the 7th inning stretch. I usually have to stand up in the 3rd or 4th innings, and that usually ends up in an argument with the people sitting behind me.” Not surprisingly, the subject indicated that he has never liked quiet, sedentary activities- “I’m a mover and a shaker, not a reader and a writer”. When required to attend classes for various jobs, he has tried to avoid them, e.g., by saying that he is sick. On several occasions, this has led to problems. The subject also talks incessantly- “The guys at the bar call me motor-mouth. They can’t shut me up when I get started.” On three occasions during the last few months, this has gotten him into trouble at work- “You can’t get your job done if you’re talking all the time.”

The subject dates his pervasive, problematic inattention, impulsivity, and hyperactivity back to childhood, “I guess around age 5, kindergarten, but probably sooner”. These difficulties have persisted since then and, although they were even more impairing in childhood and adolescence, they continue to create substantial and frequent consequences in adulthood (reprimands at work, heated arguments with spouse, altercations with friends, relatives and strangers, etc.). ADHD, Combined Type, is diagnosed.

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ADHD SYMPTOMS SINCE THE LAST INTERVIEW

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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NOTE: Symptom definitions were taken word-for-word from DSM-IV-TR (which explains references to “homework,” “classroom,” “play,” etc.), with one exception. The word, “often,” was removed from every symptom, since frequency of each symptom is being rated. The interviewer should keep this in mind when formulating Definite and Probable ADHD diagnoses.

IN A T T E N T I O N

Now let's talk about other things you may have done or experienced at any time since your last interview when you were _____ years old. [REVIEW DETAILS OF THAT AGE]. We will also be focusing on the past 6 months, that is, from [STATE MONTH] to the present.

SYMPTOMS

- We already spoke about the type of work you do, and how you spend your leisure time. When at work or doing tasks at home, have you tended to make frequent, careless mistakes? For example:
 Have you made mistakes balancing your checkbook or paying bills?
 Have your boss or other people complained that you don't pay enough attention to detail, or that your work is careless?
 Has anyone complained that you're not detail-oriented, so that things you do must be checked, such as getting accurate information, like an address or looking up movie times in the newspaper?
 (Can you give me some examples?)
 (Have you felt frustrated about being careless or not detail-oriented?)
 (How often has that happened during the past 6 months?)
 (How often since you were _____ yrs. old, up to the past 6 months?)*

Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.

PAST 6 MONTHS:

0 1 2 3
MISTK6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3
MISTKPST

[RECORD EXAMPLES ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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-
2. *Have you had difficulty concentrating on things for extended periods of time, like reading a book, or keeping your mind on a lengthy conversation?*
What about while playing sports or doing household chores? Have you had difficulty keeping your mind on things where you have to stay on task for awhile?

(Can you give me some examples?)
(How often has that happened during the past 6 months?)
(How often since you were _____ yrs. old, up to the past 6 months?)

Has difficulty sustaining attention in tasks or play activities.

PAST 6 MONTHS:

0 1 2 3

SUSAT6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

SUSATPST

3. *Has anyone (wife, relatives, friends, boss) commented or complained that you don't seem to listen when you're having a conversation, that you look as if your mind is elsewhere?*

(Who?) (What have they said?) (Can you give me some examples?)
(How often has that happened during the past 6 months?)
(How often since you were _____ yrs. old, up to the past 6 months?)

[RECORD EXAMPLES ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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Does not seem to listen when spoken to directly.

PAST 6 MONTHS:

0 1 2 3

LISTN6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

LISTNPST

4. *Has it been hard for you to follow detailed or lengthy, verbal or written instructions? (Do you tune out?)*

What about having trouble with following through on things you're doing, like tasks around the house, or responsibilities at work? Have you started things and dropped them without finishing them because you lost your focus?

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).

PAST 6 MONTHS:

0 1 2 3

FOLOW6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

FOLOWPST

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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5. *Have you had difficulty organizing things at home or at work, or staying on top of things? For example:*

Has your appointment book been disorganized so that you have missed scheduled events or appointments?

Have you had difficulty organizing your time, such that you have been late a lot?

Have you had difficulty prioritizing what needs to be done?

Has your boss told you that your records must be kept in better order?

Are your belongings so messy that you have difficulty finding things?

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Has difficulty organizing tasks and activities.
PAST 6 MONTHS:

0 1 2 3
ORGAN6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3
ORGANPST

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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6. *Some people have difficulty with tasks that require concentrating on details for extended periods, things like preparing taxes, completing insurance forms, figuring out how to do things, and similar tasks at work. They find them unpleasant. Has that been true of you?*

*Have you avoided these tasks, for instance, by asking someone else (a co-worker or your spouse) to take care of it?
Have you eventually done it, but procrastinated a lot?
Have you struggled through the task with lots of tension, or stops & starts?*

*(Can you give me some examples?)
(How often has that happened during the past 6 months?)
(How often since you were _____ yrs. old, up to the past 6 months?)*

Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.

PAST 6 MONTHS:

0 1 2 3

SUSME6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

SUSMEPST

7. *Have you had a tendency to lose things you needed for work or at home, for example, your wallet, your keys, files at work, or tools?*

*(Can you give me some examples?)
(How often has that happened during the past 6 months?)
(How often since you were _____ yrs. old, up to the past 6 months?)*

[RECORD EXAMPLES ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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Loses things necessary for tasks or activities.
PAST 6 MONTHS:

0 1 2 3
LOSTH6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3
LOSTHPST

-
8. *Have you been easily distracted by things going on around you, like people talking in the next room, or a TV program in another room?
(Can you give me some examples?)
(How often has that happened during the past 6 months?)
(How often since you were _____ yrs. old, up to the past 6 months?)*

Is easily distracted by extraneous stimuli.
PAST 6 MONTHS:

0 1 2 3
DISTR6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3
DISTRPST

-
9. *Have you been very forgetful, for example, forgetting where you parked your car? What about forgetting: to buy things you need for something you're doing; to buy gas; to call people back; to make arrangements for trips; to pay bills; or forgetting appointments?*

*(Can you give me some examples?)
(How often has that happened during the past 6 months?)
(How often since you were _____ yrs. old, up to the past 6 months?)*

[RECORD EXAMPLES ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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Is forgetful in daily activities.

PAST 6 MONTHS:

0 1 2 3

FORGT6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

FORGTPST

NOTE: The following item is not included in DSM-IV-TR.

Have you had a tendency to procrastinate a lot, that is, to put off things you have to do or want to get done?

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Procrastinates.

PAST 6 MONTHS:

0 1 2 3

PROCR6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

PROCRPST

IF ANY EVIDENCE OF INATTENTION SINCE LAST INTERVIEW, CONTINUE

OTHERS SKIP TO "Impulsivity," PAGE 11

0- NEVER OR RARELY

1- SOMETIMES

2- OFTEN

3- VERY OFTEN

IMPAIRMENT/DISTRESS

You've told me that [CITE EXAMPLES OF CONCENTRATION DIFFICULTIES, DISTRACTIBILITY, SHORT ATTENTION SPAN, ETC.].

Have they led to any difficulties at home, at work, or with other people? How have they affected your life? For example, have these behaviors diminished your performance at work, or interfered with doing things at home, or affected your relationships with friends?

Has that been a big problem for you, or bothered you? How would your life have been different without [____]?

1- **None-** Symptom never a problem since last interview.

2- **Mild-** Somewhat of a problem at times, but does not significantly interfere with functioning, or cause clinically significant distress.

3- **Moderate-** Definitely a problem at times; or somewhat of a problem on numerous occasions, with some interference in functioning or clinically significant distress.

4- **Severe-** Definitely a problem on many occasions; or the symptom significantly limited the subject's functioning; or the subject is considerably distressed by the symptom.

5- **Extreme-** Symptom characterizes the subject's functioning and is a major problem.

PAST 6 MONTHS:

1 2 3 4 5
ATIMP6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

1 2 3 4 5
ATIMPPST

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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SITUATIONALITY

IF NOT KNOWN, ASK: *When does [INATTENTION] occur- at home, at work, with friends, or in several different settings?*

- 1- Home, only
- 2- Work, only
- 3- Outside of home and work, only ("Other")
- 4- Home + Work
- 5- Home + "Other"
- 6- Work + "Other"
- 7- Home + Work + "Other"

1 2 3 4 5 6 7

ATTENSIT

ONSET AND COURSE

*When did you first [CITE EXAMPLES OF INATTENTION]?
 (Do you recall these problems as early as first grade, or even kindergarten?)
 (Have [_____] persisted since that time?) (When did they stop?)*

DETERMINE ONSET AND COURSE OF INATTENTION

[RATE INFORMATION ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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AGE AT ONSET: [88 = UNKNOWN]

ON SAT

ONSET:

THIS ITEM MUST BE CODED FOR ALL SUBJECTS
WHO EXHIBITED INATTENTION AT ANY TIME
SINCE THE LAST INTERVIEW:

- 1- Early Childhood- Before age 7 (second grade)
- 2- "Childhood"- Cannot specify age
- 3- Late Childhood- Ages 7 - 12
- 4- Adolescence- Ages 13 - 17
- 5- Early Adulthood- Ages 18 - 24
- 6- Middle Adulthood- Ages 25 - 45
- 7- Past Year (takes precedence over #6)

1 2 3 4 5 6 7 CAT ON SAT

AGE AT OFFSET: [66 = ONGOING]

OFF AT

COURSE:

- 1- Persisted since onset (no remissions of 2+ months)
- 2- Several discrete episodes
- 3- Very variable- "It comes and goes"
- 4- Other [SPECIFY]:

1 2 3 4
CRS AT

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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IMPULSIVITY

SYMPTOMS

NOTE: The first 3 items (A, B, and C) are not included in DSM-IV-TR.

A. *Let's now talk about other things you may have done at any time since your last interview when you were _____. Have you been a very impulsive person? Have you acted before thinking, that is, done things on the spur of the moment, rushing into them?*

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Acts without thinking.

PAST 6 MONTHS:

0 1 2 3

NOREF6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

NOREFPST

B. *Have you made "snap" decisions about important matters that you later regretted?*

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

[RECORD EXAMPLES ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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Makes regrettable decisions.

PAST 6 MONTHS:

0 1 2 3

REGRT6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

REGRTPST

C. *Have you been the kind of person who is impatient? For example, have you wanted people to “cut to the chase”? Have you become impatient or frustrated if they spoke slowly or went on too long?*

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Is impatient.

PAST 6 MONTHS:

0 1 2 3

IMPAT6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

IMPATPST

NOTE: The remaining items in this section (1-3) are from DSM-IV-TR.

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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1. *When someone asked you a question (a friend or relative, or your boss), have you had a tendency to blurt out the answer before the question was completed, that is, "to jump the gun"?*

What about having a tendency to complete someone's statement before they're finished?

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Blurts out answers before questions have been completed.

PAST 6 MONTHS:

0 1 2 3

BLURT6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

BLURTPST

-
2. *Have you had difficulty awaiting your turn? For example, when at a meeting with a group of people, has it been hard for you to wait until others have finished before you started talking?*

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Has difficulty awaiting turn.

PAST 6 MONTHS:

0 1 2 3

AWAIT6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

AWAITPST

[RECORD EXAMPLES ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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3. *Have you interrupted friends, relatives, or co-workers by barging in on their conversations?*

What about being impatient in other ways, like jumping in when someone is taking too long to do something, like unlocking a door, or fixing something?

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Interrupts or intrudes on others.

PAST 6 MONTHS:

0 1 2 3

INTRU6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

INTRUPST

IF ANY EVIDENCE OF IMPULSIVITY SINCE LAST INTERVIEW, CONTINUE

OTHERS SKIP TO "Hyperactivity," PAGE 18

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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IMPAIRMENT/DISTRESS

You've told me that [CITE EXAMPLES].

Have these behaviors led to any difficulties at home, at work, or with other people? How have they affected your life? For example, have you had arguments with friends or co-workers because you were so impatient?

Has that been a big problem for you, or bothered you? How would your life have been different without [____]?

1- **None-** Symptom never a problem since last interview.

2- **Mild-** Somewhat of a problem at times, but does not significantly interfere with functioning, or cause clinically significant distress.

3- **Moderate-** Definitely a problem at times; or somewhat of a problem on numerous occasions, with some interference in functioning or clinically significant distress.

4- **Severe-** Definitely a problem on many occasions; or the symptom significantly limited the subject's functioning; or the subject is considerably distressed by the symptom.

5- **Extreme-** Symptom characterizes the subject's functioning and is a major problem.

PAST 6 MONTHS:

1 2 3 4 5

IMIMP6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

1 2 3 4 5

IMIMPPST

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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SITUATIONALITY

IF NOT KNOWN, ASK: *When does [IMPULSIVITY] occur- at home, at work, with friends, or in several different settings?*

- 1- Home, only
- 2- Work, only
- 3- Outside of home and work, only ("Other")
- 4- Home + Work
- 5- Home + "Other"
- 6- Work + "Other"
- 7- Home + Work + "Other"

1 2 3 4 5 6 7

IMPULSIT

ONSET AND COURSE

*When did you first [CITE EXAMPLES OF IMPULSIVITY]?
 (Were you [_____] as early as first grade, or even kindergarten?)
 (Have [_____] persisted since that time?) (When did they stop?)*

DETERMINE ONSET AND COURSE OF IMPULSIVITY

[RATE INFORMATION ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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AGE AT ONSET: [88 = UNKNOWN]

ONIMPUL

ONSET:

THIS ITEM MUST BE CODED FOR ALL SUBJECTS
WHO EXHIBITED IMPULSIVITY AT ANY TIME
SINCE THE LAST INTERVIEW:

- 1- Early Childhood- Before age 7 (second grade)
- 2- "Childhood"- Cannot specify age
- 3- Late Childhood- Ages 7 - 12
- 4- Adolescence- Ages 13 - 17
- 5- Early Adulthood- Ages 18 - 24
- 6- Middle Adulthood- Ages 25 - 45
- 7- Past Year (takes precedence over #6)

1 2 3 4 5 6 7 CATONSIM

AGE AT OFFSET: [66 = ONGOING]

OFFIMPUL

COURSE:

- 1- Persisted since onset (no remissions of 2+ months)
- 2- Several discrete episodes
- 3- Very variable- "It comes and goes"

4- Other [SPECIFY:

1 2 3 4

CRSIMPUL

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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HYPERACTIVITY

SYMPTOMS

1. *Let's talk now about other behaviors since your last interview. Have you felt "antsy," "hemmed in," very restless, fidgety, or squirming in your seat, or tapping your foot, when you had to spend time sitting still, like during a religious service, on a plane, or at meetings?*

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Fidgets with hands or feet or squirms in seat.

PAST 6 MONTHS:

0 1 2 3

FIDGT6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

FIDGTPST

-
-
2. *Have you had difficulty remaining seated, for example, at a restaurant, or during meetings at work, or when listening to a lengthy conversation? (Have you usually gotten up?)*
[DISREGARD THE FOLLOWING SITUATIONS: WATCHING T.V. OR MOVIES, AND USING COMPUTERS]

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

[RECORD EXAMPLES ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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Leaves seat in classroom or in other situations in which remaining seated is expected.

PAST 6 MONTHS:

0 1 2 3

LEAVE6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

LEAVEPST

3. *Have you felt very restless, even if you weren't shifting about and squirming at the time? Some people indicate that they feel uncomfortable if they have to stay put for a long time. Does this describe how you have felt?*

(How often have you felt that way during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).

PAST 6 MONTHS:

0 1 2 3

RSTLS6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

RSTLSPST

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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4. *Has it been difficult for you to remain quiet when participating in leisure activities, such as reading or listening to a speech?*

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Has difficulty playing or engaging in leisure activities quietly.
PAST 6 MONTHS:

0 1 2 3

QUIET6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

QUIETPST

5. *Have people said that you were someone who is always “on the go,” as if “driven by a motor”? I’m referring to your energy level. Persons with this quality are sometimes described by others as being “difficult to keep up with,” “exhausting,” or “draining”.*

(Can you give me some examples?)

(How often has that happened during the past 6 months?)

(How often since you were _____ yrs. old, up to the past 6 months?)

Is “on the go” or acts as if “driven by a motor”.
PAST 6 MONTHS:

0 1 2 3

MOTOR6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

MOTORPST

[RECORD EXAMPLES ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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6. *Have you thought, or have others complained, that you talked too much?*
(Have you talked so much that others have difficulty participating in the conversation, or that you disturb other people?)
- (Who has commented?) (What have they said?)*
(How often has that happened during the past 6 months?)
(How often since you were _____ yrs. old, up to the past 6 months?)

Talks excessively.

PAST 6 MONTHS:

0 1 2 3

TALKS6MO

SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:

0 1 2 3

TALKSPST

IF ANY EVIDENCE OF HYPERACTIVITY SINCE LAST INTERVIEW, CONTINUE
 OTHERS THANK SUBJECT FOR PARTICIPATING
 OR RETURN TO INTERVIEW PROPER

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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IMPAIRMENT/DISTRESS

You’ve told me that [CITE EXAMPLES].

Have these behaviors led to any difficulties at home, at work, or with other people? How have they affected your life? For example, have friends, co-workers, or relatives complained about your talking too much, or your inability to sit still?

Has that been a big problem for you, or bothered you? How would your life have been different without [____]?

- 1- **None-** Symptom never a problem since last interview.
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PAST 6 MONTHS:	1	2	3	4	5
	HYIMP6MO				
SINCE LAST INTERVIEW, PRIOR TO PAST 6 MONTHS:	1	2	3	4	5
	HYIMPPST				

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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SITUATIONALITY

IF NOT KNOWN, ASK: *When does [HYPERACTIVITY] occur- at home, at work, with friends, or in several different settings?*

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- 4- Home + Work
- 5- Home + “Other”
- 6- Work + “Other”
- 7- Home + Work + “Other”

1 2 3 4 5 6 7 HYPACSIT

ONSET AND COURSE

*When did you first [CITE EXAMPLES OF HYPERACTIVITY]?
(Were you [_____] as early as first grade, or even kindergarten?)
(Have [_____] persisted since that time?) (When did they stop?)*

DETERMINE ONSET AND COURSE OF HYPERACTIVITY

[RATE INFORMATION ON NEXT PAGE]

0- NEVER OR RARELY	1- SOMETIMES	2- OFTEN	3- VERY OFTEN
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AGE AT ONSET: [88 = UNKNOWN]

ONSHYPAC

ONSET:

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WHO EXHIBITED HYPERACTIVITY AT ANY TIME
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- 4- Adolescence- Ages 13 - 17
- 5- Early Adulthood- Ages 18 - 24
- 6- Middle Adulthood- Ages 25 - 45
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1 2 3 4 5 6 7 CATONSHY

AGE AT OFFSET: [66 = ONGOING]

OFFHYPAC

COURSE:

- 1- Persisted since onset (no remissions of 2+ months)
- 2- Several discrete episodes
- 3- Very variable- "It comes and goes"
- 4- Other [SPECIFY:

1 2 3 4
CRSHYPAC

END OF AAA

THANK SUBJECT FOR PARTICIPATING

OR RETURN TO INTERVIEW PROPER